

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	<u>Ø</u>	<u>11 / 27 / 2017</u>		<u>SAN JOSE SUPERMARKET</u>	
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT	PERMIT HOLDER	
Complaint			RATING	<u>12:45 PM</u>	<u>2:30 PM</u>	<u>SAN JOSE INVESTMENT, LLC.</u>	
Investigation			<u>A</u>	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				<u>170000743</u>		<u>#601 CHALAN MACHUTE, WHITE</u>	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
<u>RETAIL</u>				<u>4</u>	<u>472-1135</u>	<u>Ø</u>	<u>2</u>
				No. of Repeat Risk Factor/Intervention Violations <u>Ø</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Management awareness; policy present			6
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O No discharge from eyes, nose, and mouth			6
Preventing Contamination by Hands						
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Hands clean and properly washed			6
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible			6
Approved Source						
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food obtained from approved source			6
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Food received at proper temperature			6
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food in good condition, safe, and unadulterated			6
12	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Required records available: shellstock tags, parasite destruction			6
Protection from Contamination						
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Food separated and protected			6
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Food contact surfaces: cleaned & sanitized			6
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Proper cooking time and temperatures			6
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Proper reheating procedures for hot holding			6
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Proper cooling time and temperatures			6
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Proper hot holding temperatures			6
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Proper cold holding temperatures			6
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Proper date marking and disposition			6
Consumer Advisory						
22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Consumer Advisory provided for raw or undercooked foods			6
Highly Susceptible Populations						
23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Pasteurized foods used; prohibited foods not offered			6
Chemical						
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Food additives: approved and properly used			6
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toxic substances properly identified, stored, used			6
Conformance with Approved Procedures						
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box; if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.						
Person in Charge (Print and Sign) <u>Yoon</u>						
Date: <u>11/27/17</u>						
DEH Inspector (Print and Sign) <u>L. NAVARRO</u> <u>V. RAYMUNDO</u>						
Follow-up (Circle one): <u>YES</u> <u>NO</u> Follow-up Date: <u>N/A</u>						
54 Sanitary Permit, Health Certificates valid and posted						

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ESTABLISHMENT NAME SAN JOSE SUPERMARKET		LOCATION (Address) #601 CHALAN MACHATE, MAITE
INSPECTION DATE 11, 27, 2017	SANITARY PERMIT NO. 170000743	PERMIT HOLDER SAN JOSE INVESTMENT, LLC.

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
RAW STORED EGG / DISPLAY CHILLER	42.5		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 10/25/17, WHICH RESULTED IN A GRADE/RATING OF A/D. ALL PREVIOUS VIOLATIONS OF ITEMS NOS. 8, 20, 33, 35, 36, 51, AND 52 WERE CORRECTED AND NO NEW VIOLATIONS WERE OBSERVED.	
	PEST CONTROL OPERATOR REPORTS INDICATED NO ANTS, ROACH, NOR RODENT ACTIVITIES FOR THE LAST FOUR CONSECUTIVE DAYS OF SERVICE. NO LIVE PEST ACTIVITY WAS OBSERVED DURING THIS INSPECTION.	
	PIC WAS INFORMED TO CONTINUE DOING INTEGRATED PEST MANAGEMENT TO ENSURE THAT NO PEST INFESTATION OCCURS AGAIN.	
	PEST CONTROL REPORTS SHALL BE SENT TO DEH ON A REGULAR BASIS, AND UN-ANNOUNCED VISITS SHALL BE DONE BY DEH TO MONITOR COMPLIANCE AND ASSESS PEST CONTROL MEASURES.	
	SANITARY PERMIT SHALL BE RE-INSTATED AFTER PAYMENT OF \$100 FEE TO DPHS.	
	RETRIEVED NOTICE OF CLOSURE PLACARD AND POSTED "A" PLACARD NO. 02053.	
	DISCUSSED THIS REPORT WITH GENERAL MANAGER, IKJIN YOON.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) L. NAYANAN	Date: 11/21/17
DEH Inspector (Print and Sign) V. RAYMOND	Date: 11/27/17